

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
0 0 - 0 0 5

2. STATE
Illinois

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.272 Section 1902 (a)(13)(A) of the
Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.35 I, Pages 1 through 6

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0
b. FFY 2001 \$ 0

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

None.

10. SUBJECT OF AMENDMENT:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - Reimbursement to Long Term Care
Facilities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Not submitted for review
by prior approval.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Ann Patla

13. TYPED NAME:

Ann Patla

14. TITLE:

Director

15. DATE SUBMITTED:

9/28/00

16. RETURN TO:

Illinois Department of Public Aid
201 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62763-0001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/28/00

18. DATE APPROVED:

4/25/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl Harris

21. TYPED NAME:

22. TITLE:

23. REMARKS:

RECEIVED

APR 20 2001

HCFA-V-DS&C

Attachment 4.35-I

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RECEIVED

APR 13 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Illinois

DMCH - IL/IN/OH

ENFORCEMENT OF COMPLIANCE of ICFs/MR for NON-IMMEDIATE JEOPARDY

The State of Illinois wishes to impose sanctions that are additional to the already existing alternative sanctions of denial of payment for new admissions, and which are alternative to termination in cases where the ICF/MR's deficiencies are not determined to pose immediate jeopardy to client health and safety. The agency responsible for imposing procedure is the Department of Public Health.

The following alternative sanctions will be established for non-compliant ICFs/MR having non-immediate jeopardy deficiencies:

DIRECTED PLAN OF CORRECTION

A Directed Plan of Correction (DpoC) differs from a traditional plan of correction (PoC) in that the State, not the facility, develops the PoC. Achieving compliance is the provider's responsibility, whether or not a DpoC was followed.

Timing and Notice Requirements

A DpoC may be imposed 15 days after the facility receives notice of this sanction. The date the DpoC was imposed does not mean that all corrections must be completed by this date. All corrections must be completed within 45 days of the survey date.

When Remedy will be Applied

Remedy may be applied for all facilities that have a Condition of Participation out of compliance that does not pose an immediate jeopardy to client health and safety.

How the Alternative is Effective in Deterring Non-Compliance

A DpoC will ensure that all non-compliance issues as documented as part of the COP are addressed by the facility.

TN# 00-5 APPROVAL DATE 7-1-00 EFFECTIVE DATE 7-1-00

SUPERCEDES

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Each DpoC shall include:

1. How the corrective action will be accomplished for individuals found to have been affected by the deficient practice;
2. How the facility will identify other individuals who have the potential to be affected by the same deficient practice, and how the facility will act to protect individuals in similar situation;
3. What measure will be put into place or systemic changes made to ensure that the deficient practice will not recur;
4. How the facility will monitor its corrective actions/performance to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent; and
5. When corrective action must be completed.

Factors Considered in Selecting the Remedy

1. Facility's past history of non-compliance.
2. Facility's past history of complaint activity.
3. Facility's present resources.

DIRECTED IN-SERVICE TRAINING

Directed in-service training is a sanction that will be used when the State concludes that education is likely to correct the deficiencies. This remedy requires the staff of the ICF/MR to attend in-service training program(s). The purpose of the directed in-service training is to provide knowledge required to achieve compliance with the Conditions of Participation.

TN# 00-5 APPROVAL DATE APR 7 1997 EFFECTIVE DATE 7-1-00

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State/Territory: Illinois

Timing and Notice Requirements

Directed in-service will be imposed 15 days after the facility receives notice of the sanction and such in-service shall be completed within 45 days of the survey date.

When Remedy will be Applied

Remedy may be applied for all facilities who have a Condition of Participation out of compliance that does not pose an immediate jeopardy to client health and safety.

How the Alternative is Effective in Deterring Non-Compliance

The directed in-service training will establish set criteria for training. Examples of directed in-service training topics include, but are not limited to, the following:

1. Client Rights
2. Behavior Intervention
3. Active Treatment Services
4. Health
5. Safety
6. Outcome Measure

Facilities must use programs developed by well-established organizations of mental retardation, developmental disabilities, mental health or health services education, such as special education departments in colleges or universities or schools of medicine, State department/bureaus of mental health/mental retardation or developmental disabilities; Developmental Disabilities Councils; Federally funded State protection and advocacy agencies serving people with developmental disabilities; professional organizations with expertise in developmental disabilities. Examples of directed in-service training topics include, but are not limited to, client rights issues, behavior intervention, active treatment, health and safety, and outcome measures. The facility bears the expense of the directed in-service training. After the training has been completed the State will assess whether the facility staff has demonstrated competency in the area(s) of deficiency and whether compliance has been achieved. If the facility still has not achieved substantial compliance, the State may impose one or more additional sanctions.

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State/Territory: Illinois

Factors Considered in Selecting the Remedy

1. Facility's past history of non-compliance.
2. Facility's past history of complaint activity.
3. Facility's present resources.

STATE MONITORING

A State monitor oversees the correction of cited deficiencies in the facility as a safeguard against further non-compliance when a situation with a potential for jeopardizing health and safety has occurred, but has not risen to the level of immediate jeopardy.

Timing and Notice Requirements

Notice requirements for this sanction state that it may be imposed immediately. No notice is required because the sanction imposes no hardship or expense on the facility.

When the Remedy will be Applied

Remedy will be applied when:

1. The facility has a history of non-compliance which may suggest that it would benefit from external surveillance during corrections;
2. The facility has numerous complaints;
3. The State is concerned that the situation in the facility has the potential to worsen.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Illinois**How the Alternative is Effective in Deterring Non-Compliance**

The imposed State monitor is effective in deterring non-compliance by:

1. Visiting the facility as directed by the Department of Public Health on unannounced visits at critical time frames related to the deficient practice. Activities during such visits may include:
 - a. Review of administrative and/or client records pertinent to the deficient practice;
 - b. Observe active treatment provided to clients;
 - c. Observe provision of meals to clients including a review of diets and meals served; and
 - d. Observe clients in day training programs.
2. Visits shall be conducted for a minimum of 4 hours and should be unannounced at intervals determined by the State, commonly 2 to 3 times per week, but may be less.
3. Provide to the Department of Public Health written and oral reports detailing observed conditions of the facility.
4. Being available as a witness for hearings.

Minimum Qualifications of a Monitor

The monitor shall meet the following requirements:

1. Be in good health as evidenced by a physical examination by a physician within the last year;
2. Have an understanding of the needs of long term care facility residents as evidenced by two years of experience in working, as appropriate, with developmentally disabled/mentally retarded individuals in programs such as resident care, social work or advocacy;

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State/Territory: Illinois

3. Have an understanding of the Nursing Home Care Act and Licensure rules which are the subject of the monitor duties as evidenced in a personal interview of the candidate;
4. Not be related to the owners of the involved facility either through blood, marriage or common ownership of real or personal property;
5. Have successfully completed a baccalaureate degree or possess a nursing license or a nursing home administrator's license; and
6. Have two years full time experience in the long term care industry of the State of Illinois.

Factors Considered in Selecting the Remedy

1. The facility is operating with a conditional license.
2. The Department of Public Health has revoked or refuses to renew the license.
3. The facility is closing or has informed the Department of Public Health that it intends to close and adequate arrangements for relocation of resident have not been made at least thirty days prior to closure.
4. The Department of Public Health determines that an emergency exists.

TN# 00-5 APPROVAL DATE 8-1-00 EFFECTIVE DATE 7-1-00

SUPERCEDES

TN# _____